

**In the United States District Court  
for the Middle District of North Carolina  
Greensboro Division**

Defendant, ~~Brian D. Hill~~

*Brian David Hill*

v. Criminal Action No. 1:13cr435-1

Plaintiff, United States of America

**REQUEST FOR TRANSCRIPT**

Transcripts are requested for appeal purposes

for case 13-cr-435 of proceedings held as follows :

Change of Plea Hearing 6/10/2014

before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

Motion Hearing 9/3/2014

before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

Called for sentencing 9/30/2014

before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

Status Conference 10/15/2014

before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

Sentencing Hearing 11/10/2014

before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

*Brian D. Hill*  
*signed*

Brian D. Hill ( pro se )

916 Chalmer St, Apt. D, Martinsville, VA 24112

Phone: (276)632-2599

*Jan 30 2015*

*CJA Vouchers requested to  
pay Transcript fees as I  
am indigent under CJA  
status. So pursuant to  
the Criminal Justice Act  
(18 U.S.C § 3026A) for purposes  
of Appeal I ask for the  
Transcripts under CJA Voucher.*

**CERTIFICATE OF SERVICE**

I hereby certify that service was made by mailing

by deposit in the United States Mail, Postage prepaid,

on January 30th, 2015

a true and correct copy of the foregoing

REQUEST FOR TRANSCRIPT, and signed CJA Voucher forms (attached)

addressed to:

Mr. Anand P. Ramaswamy  
Assistant United States Attorney  
101 South Edgeworth Street  
Greenboro, NC 27401

and a true and correct copy addressed to:

Joseph Armstrong Court, Court Reporter  
North Carolina Middle District  
324 W. Market Street  
Greensboro, N.C. 27401

and a true and correct copy addressed to:

U.S. Court of Appeals  
1100 E. Main St. Suite 501  
Richmond, VA 23219

Brian D. Hill Jan 30, 2015

Brian D. Hill ( pro se )

916 Chalmer St, Apt. D, Martinsville, VA 24112

Phone: (276)632-2599

January 30th, 2015

Joseph Armstrong, Court Reporter  
North Carolina Middle District  
324 W. Market Street  
Greensboro, N.C. 27401

Re: U.S. v. Hill, District Court # 13CR435

1:13CR435-1

Enclosed please find a copy of a request for transcript filed with the court.

Change of Plea Hearing 6/10/2014  
Motion Hearing 9/03/2014  
Called for sentencing 9/30/2014  
Status Conference 10/15/2014  
Sentencing Hearing 11/10/2014

I am enclosing a copy of the CJA 24 voucher (filed with Clerk of the Court) form I have signed asking the United States to pay the transcript service fee. Since I am indigent I am sure the government will pay for the transcript fee for my Request for transcript. *Multiple forms enc.*

If a fee is required, please ask the court how much I would be required to pay.

If you have any question, please let me know.

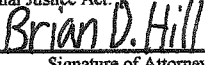
Best wishes to you,

Brian D. Hill (Pro Se)  
916 Chalmers St, Apt. D, Martinsville, VA 24112  
Phone: (276)632-2599

*Brian D. Hill*  
*Signed*


Enc.

## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

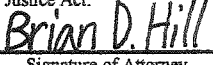
1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED <b>Brian David Hill</b>		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>1:13-CR-435-1</b>		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) <b>U.S. v. Brian David Hill</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) <b>Pro Se</b>	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <b>18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)</b>							
<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) <b>For the purpose of appealing my conviction. I need to review the transcripts before I file an appeal brief in the Court of Appeal. I need the entire transcript of the hearing or hearings to find any errors to prepare for the appeal brief. Appeal is reason for request.</b>							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i> <b>Change of Plea Hearing - 6/10/2014 - 28 Pages</b>							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>             Signature of Attorney         </div> <div> <b>01/30/2015</b>            Date         </div> </div> <div style="margin-top: 10px;"> <b>Brian David Hill(Pro Se)</b>            Printed Name         </div> <div style="margin-top: 10px;">           Telephone Number: <b>(276) 632-2599</b>  <input type="checkbox"/> Panel Attorney    <input type="checkbox"/> Retained Attorney    <input checked="" type="checkbox"/> Pro-Se    <input type="checkbox"/> Legal Organization         </div>				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. <div style="margin-top: 20px;">           _____            Signature of Presiding Judge or By Order of the Court         </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>           _____            Date of Order         </div> <div>           _____            Nunc Pro Tunc Date         </div> </div>			
<b>CLAIM FOR SERVICES</b>							
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS <b>Joseph Armstrong, North Carolina Middle District          324 W. Market St., Greensboro, N.C. 27401</b>			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE <b>Brian: I don't have that information.</b>				Telephone Number: <b>(336) 332-6034</b>			
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original	1-28	28	\$3.65			\$102.20	
Copy	1-28	28	\$0.90			\$25.20	
Expense (Itemize)		These are only estimated costs.					
<b>TOTAL AMOUNT CLAIMED:</b>						<b>\$127.40</b>	
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature of Claimant/Payee _____</div> <div>Date _____</div> </div>							
<b>ATTORNEY CERTIFICATION</b>							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature of Attorney or Clerk _____</div> <div>Date _____</div> </div>							
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>							
23. APPROVED FOR PAYMENT <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature of Judge or Clerk of Court _____</div> <div>Date _____</div> </div>						24. AMOUNT APPROVED	



## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

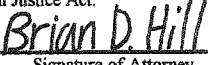
1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED <b>Brian David Hill</b>		VOUCHER NUMBER			
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14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
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Original		1-25	25	\$3.65			\$91.25
Copy		1-25	25	\$0.90			\$22.50
Expense (Itemize)		These are only estimated costs.					
<b>TOTAL AMOUNT CLAIMED:</b>							<b>\$113.75</b>
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
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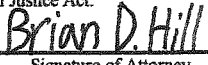
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14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
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20. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original		1-22	22	\$3.65			\$80.30
Copy		1-22	22	\$0.90			\$19.80
Expense (Itemize)		These are only estimated costs.					
<b>TOTAL AMOUNT CLAIMED:</b>							<b>\$100.10</b>
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
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14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
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Original	1-13	13	\$3.65			\$47.45	
Copy	1-13	13	\$0.90			\$13.90	
Expense (Itemize)		These are only estimated costs.					
<b>TOTAL AMOUNT CLAIMED:</b>						<b>\$61.35</b>	
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
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11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <b>18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)</b>							
<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) <b>For the purpose of appealing my conviction. I need to review the transcripts before I file an appeal brief in the Court of Appeal. I need the entire transcript of the hearing or hearings to find any errors to prepare for the appeal brief. Appeal is reason for request.</b>							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i> <b>Sentencing Hearing - 11/10/2014 - 17 Pages</b>							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="text-align: center;">             Signature of Attorney         </div> <div style="text-align: center;"> <b>01/30/2015</b>            Date         </div> <div style="text-align: center;"> <b>Brian David Hill(Pro Se)</b>            Printed Name         </div> <div style="text-align: center;"> <b>(276) 632-2599</b>            Telephone Number         </div> <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. <div style="text-align: center;">           _____            Signature of Presiding Judge or By Order of the Court         </div> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">           _____            Date of Order         </div> <div style="text-align: center;">           _____            Nunc Pro Tunc Date         </div> </div>			
<b>CLAIM FOR SERVICES</b>							
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS <b>Joseph Armstrong, North Carolina Middle District          324 W. Market St., Greensboro, N.C. 27401</b>			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE <b>Brian: I don't have that information.</b>				Telephone Number: <b>(336) 332-6034</b>			
20. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original		1-17	17	\$3.65			\$62.05
Copy		1-17	17	\$0.90			\$15.30
Expense (Itemize)		These are only estimated costs.					
<b>TOTAL AMOUNT CLAIMED:</b>							<b>\$77.35</b>
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
<b>ATTORNEY CERTIFICATION</b>							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk      Date							
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>							
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court      Date						24. AMOUNT APPROVED	